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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TOP-101DIV
First Inventor	EDMUND W. BROWN
Title	DAMPENING CYLINDER FOR TRANSFER MECHANISM
Express Mail Label No.	EL741409425US

01/25/01

APPLICATION ELEMENTS		ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. <input checked="" type="checkbox"/> Specification [Total Pages 23] (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Form (CRF)		
- Descriptive title of the invention	b. Specification Sequence Listing on:		
- Cross Reference to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		
- Statement Regarding Fed sponsored R & D	ii. <input type="checkbox"/> paper		
- Reference to sequence listing, a table, or a computer program listing appendix	c. <input type="checkbox"/> Statements verifying identity of above copies		
- Background of the Invention			
- Brief Summary of the Invention			
- Brief Description of the Drawings (if filed)			
- Detailed Description			
- Claim(s)			
- Abstract of the Disclosure			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 12]	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))		
5. Oath or Declaration [Total Pages]	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)		
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)		
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	13. <input checked="" type="checkbox"/> Preliminary Amendment		
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)		
<input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 09/649/835	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		
19. CORRESPONDENCE ADDRESS	17. <input type="checkbox"/> Other:		

Prior application information: Examiner Not Yet AssignedGroup / Art Unit 3651

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		or <input type="checkbox"/> Correspondence address below (Insert Customer Number or Bar Code label here)
Name	24314	
Address	PATENT TRADEMARK OFFICE	
City	State	Zip Code
Country	Telephone	Fax

Name (Print/Type)	Peter C. Stomma	Registration No. (Attorney/Agent)	36,020
Signature			
Date	1/25/01		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT **\$355.00**

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Edmund W. Brown
Examiner Name	
Group Art Unit	
Attorney Docket No.	TOP-101DIV

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.
 Deposit Account Number **Jansson, Shupe et al**
 Deposit Account Name **10-0270**
 Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17
 Applicant claims small entity status See 37 CFR § 1.27

2. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710 201 355	Utility filing fee	355.00	
106 320 206 160	Design filing fee		
107 490 207 245	Plant filing fee		
108 710 208 355	Reissue filing fee		
114 150 214 75	Provisional filing fee		
SUBTOTAL (1)		\$355.00	

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
18	-20** = 0	X	= 0.00
3	-3** = 0	X	= 0.00
Multiple Dependent			

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18 203 9	Claims in excess of 20	
102 80 202 40	Independent claims in excess of 3	
104 270 204 135	Multiple dependent claim, if not paid	
109 80 209 40	** Reissue independent claims over original patent	
110 18 210 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		\$0.00

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130 205 65	Surcharge - late filing fee or oath		
127 50 227 25	Surcharge - late provisional filing fee or cover sheet		
139 130 139 130	Non - English specification		
147 2,520 147 2,520	For filing a request for ex parte reexamination		
112 920* 112 920*	Requesting publication of SIR prior to Examiner action		
113 1,840* 113 1,840*	Requesting publication of SIR after Examiner action		
115 110 215 55	Extension for reply within first month		
116 390 216 195	Extension for reply within second month		
117 890 217 445	Extension for reply within third month		
118 1,390 218 695	Extension for reply within fourth month		
128 1,890 228 945	Extension for reply within fifth month		
119 310 219 155	Notice of Appeal		
120 310 220 155	Filing a brief in support of an appeal		
121 270 221 135	Request for oral hearing		
138 1,510 138 1,510	Petition to institute a public use proceeding		
140 110 240 55	Petition to revive - unavoidable		
141 1,240 241 620	Petition to revive - unintentional		
142 1,240 242 620	Utility issue fee (or reissue)		
143 440 243 220	Design issue fee		
144 600 244 300	Plant issue fee		
122 130 122 130	Petitions to the Commissioner		
123 50 123 50	Processing fee under 37 CFR § 1.17(q)		
126 180 126 180	Submission of Information Disclosure Statement		
581 40 581 40	Recording each patent assignment per property (times number of properties)		
146 710 246 355	Filing a submission after final rejection (37 CFR § 1.129(a))		
149 710 249 355	For each additional invention to be examined (37 CFR § 1.129(b))		
179 710 279 355	Request for Continued Examination (RCE)		
169 900 169 900	Request for expedited examination of a design application		
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Peter C. Stomma	Registration No. (Attorney/Agent)	36,020	Telephone	(262) 632-6900
Signature			Date	1/25/01	

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